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ORAL HYGIENE

APRIL
1924

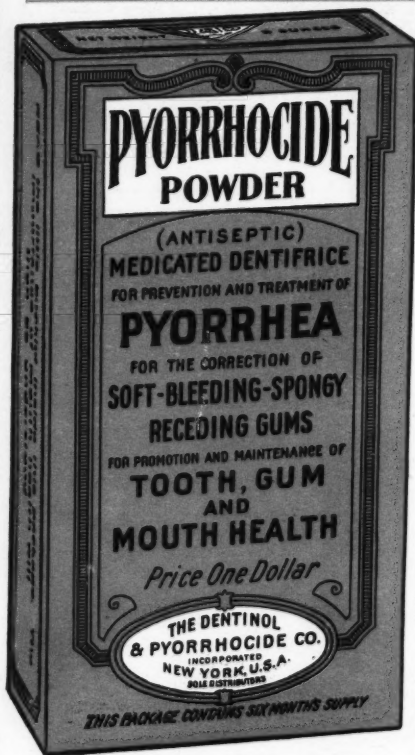
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A cooperative medium (in pyorrhea work) that will reduce soreness and inflammation, check bleeding and correct tooth-sensitiveness is a good medium to employ.



PYORRHOCIDE POWDER (Antiseptic)

requires nothing but a test to prove its worth in all pyorrhetic conditions.

Its use by the patient for 10 days prior to instrumentation is recommended.

Sensitive teeth and tender, bleeding gums make root-scaling a difficult task.

The correction of any one of the several irritating causes of pyorrhea is done with greater satisfaction to all concerned if the soreness, inflammation and infection of the gums are reduced to a minimum.

Prescribe Pyorrhocide Powder - - Compare Results

SAMPLES: *Pyorrhocide Powder samples for distribution to patients, and a trial bottle of Dentinol for use at the chair, sent free on request.*

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ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trademark, Great Britain.

FOUNDED 1911

APRIL, 1924

VOL. XIV, No. 4



All Under One Roof

The A. D. A. will meet in this great building in Dallas, Texas, from November 10th to 14th.

The building comprises 92,500 square feet of floor space, and is of brick and steel construction.

Dallas, known as "The City of the Hour," eagerly awaits the coming of the dental profession.

November means a cool convention. Put off your vacation until then!

PREVENTIVE DENTAL WEEK

By F. DENTON WHITE, D. D. S., Minneapolis, Minn.

The preventive week in Minneapolis, culminating in a great meeting which filled the auditorium to overflowing, furnished fresh evidence of the widespread popular interest in health matters. The members of the dental profession, who gave of their time and effort so generously in this movement to direct that interest to the importance of good teeth as a foundation for good health, have a right to feel gratified by the response that was evoked.—*The Minneapolis Journal*.



THE first Minneapolis preventive dental week was held November 3rd to 8th, 1923. The slogan, "Watch Your Teeth," was chosen, and the lighthouse insignia for the Dental Welfare Foundation was featured on the 5,000 posters and window cards and on the 3,000 window stickers, as well as in newspaper advertisements, used to announce the week to the public, by courtesy of the Dental Welfare Foundation.

A preventive dental week committee was composed of the Oral Hygiene Committee, Educational Committee and Pub-

licity Committee of the Minneapolis Dental Society, also three representatives from dental supply houses and laboratories and one member from a public health organization.

One of the most interesting features of preventive dental week was the dental contest, which began Saturday morning at 9 o'clock and ran until Saturday night at 9, and Monday, Tuesday, Wednesday and Thursday from 12 noon until 9 p. m. The Nash Motor Company donated the use of part of their salesroom, opening on Nicollet avenue, the main thoroughfare of Minneapolis. In this salesroom four dental chairs were installed, at which 44 dentists worked in shifts of four each. Twenty-five dental nurses and assistants helped the dentists and registered contestants.

This contest was held under the auspices of the Minneapolis District Dental Society, but the prize money — \$200.00 — was given by the *Minneapolis Journal*, which paper gave much support in the way of publicity. The prizes were as follows:

	Prizes		
	First	Second	Third
Class from 3 to 6 years.....	\$3.00	\$2.00	10 \$1.00 prizes
Class from 7 to 12 years.....	7.00	5.00	3.00
Class from 13 to 16 years.....	7.00	5.00	3.00
Class from 17 to 25 years.....	7.00	5.00	3.00
Class from 26 to 41 years.....	7.00	5.00	3.00
Class from 41 years up	7.00	5.00	3.00

A grand sweepstake of \$25.00 was offered.

One prize-winner was aged

80. He scored 99%, winning first prize in the class from 41 years up. A woman of 75 scored

WEEK in Minneapolis



Dentists and assistants at work examining contestants

96%. A woman aged 65 scored 95%. One woman of 59 was examined by two specialists, who declared her mouth to be 91% perfect. One man of 60 scored 90%. Grandma and granddad pushed the younger generation away from the center of the stage and took the spotlight in the dental contest, proving that not all perfect-appearing teeth in grown-ups are made in laboratories.

Two thousand men, women and children were examined in the contest during the week. About as many men as women were examined in the contest, and more adults than children.

The examination card, which was worked out for the State Fair yearly dental contest by the Oral Hygiene Committee of the State Dental Association, was used as the examination record card for this contest. Here it is:

DENTAL EXAMINATION SHEET

DENTAL PRIZE CONTEST—NOVEMBER 3-8, 1923

Minneapolis District Dental Society

Name..... Sex..... Age.....

Address

Grade (School) or Business.....

(Write "Pre-School" if not of school age.)

EXAMINATION

General Condition	(Possible 25 points)
Caries	(Possible 30 points)
Occlusion	(Possible 30 points)
Previous Repair	(Possible 15 points)
		Total
Specialist.....	Nurse or Attendant.....%

SLIP FOR THE PERSON EXAMINED

Name..... Age.....
 Address

General Condition: (Check right one)
 Excellent..... Advise Prophylaxis.....
 Very Good..... Advise Treatment of Malocclusion.....
 Good..... Notes.....
 Poor.....
 Bad.....

Cavities.....
 Simple—Deciduous Permanent.....
 Pulp Involved—Deciduous Permanent.....
 Extraction Advised—Deciduous Permanent.....

Specialist..... Nurse.....

DENTAL CONTEST

Conducted Under Auspices of the Minneapolis District Dental Society—Preventive Dental Week, November 3-8, 1923.

To the Parent or Guardian:

The condition of this mouth necessitates immediate dental treatment for the maintenance of oral health. We would advise you to consult a dentist at once.

We cannot over-emphasize the importance of keeping the mouth and teeth clean as a safeguard for the preservation of good health.

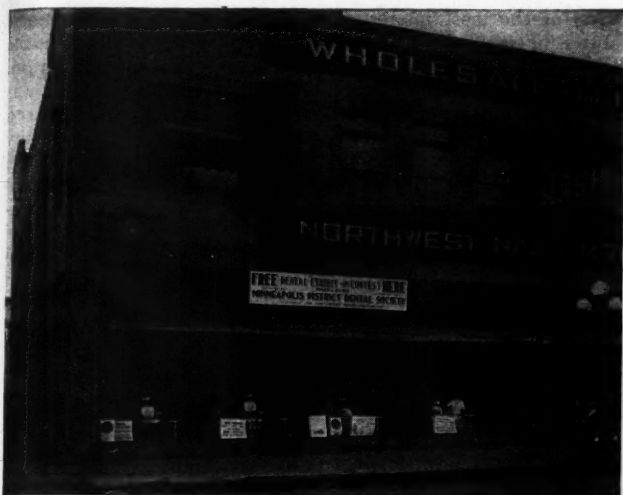
WORKING PLAN FOR CLINICIANS FOR MOUTH GRADING

General Condition: (Clean—Possible 25 points)	
Deposits (all kinds)	10 points
Gingival Infection	15 points
Caries: (Perfect—Possible 30 points)	
Erosion and Dentine Stains.....	5 points
Simple Cavities	10 points
Cavities Involving Pulp.....	15 points
NOTE: Missing Teeth and Broken-Down Roots under this last heading.	
Occlusion: (Perfect—Possible 30 points)	
Malocclusion (Angles Classification)—Class I.....	5 points
Class II.....	10 points
Class III.....	15 points
Previous Repair (Fillings)—None 15.....	15 points

Possible Total of 100%

(No deductions for fillings in good condition.)

NOTE: Young children accompanied by parent or guardian given preference in examination turn.



Northwest Nash automobile salesrooms where contest was held.



Dentists and dental nurses who participated; Dr. F. Denton White, general chairman, and author of this article, appears in the background.

One of the most interesting features of preventive dental week from the educational standpoint was the distribution of 75,000 leaflets on the care of teeth in the grade schools. This was done through the co-operation of the public school system. During the week the teachers from the first to the sixth grades told dental stories—"The Toothbrushes' Quarrel," "Old Grouchy Man Toothache," "Our Children's Teeth in the Minneapolis Public Schools," etc., and local dentists gave talks to school children in the upper grades.

Three local dentists broadcast dental health information from the three broadcasting stations every night during the week. The local milk companies donated two full pages of advertising for the week, and a half page of advertising was given by the local druggists, and one and one-half pages were paid for by the District Dental Society. A 70-foot trailer was run in all the moving-picture theaters in the city during the week. The trailer announced the dental contest, emphasizing the close connection between good teeth and good health, and drew the attention of the public to the Thursday night lecture.

Thursday noon the club women of Minneapolis gave a luncheon at the Raddison Hotel for Dr. Wallace Seccombe, Dean of the Royal College of Dental Surgeons, Toronto, Canada. The Minneapolis District Dental Society gave a banquet for Dr. Seccombe and Dr. Charles Mayo, of Rochester,

Minn., President of the American College of Surgeons, at the Curtis Hotel, at 5:30 p. m. The menu for the banquet was worked out by Dr. Alfred Owre, Dean of the University of Minnesota Dental College. The menu contained a maximum of food values and a minimum of injurious sweets.

Dr. Seccombe talked to mothers on the importance of diet and stressed breast-feeding as the right beginning for good teeth.

The Minneapolis Women's Auxiliary assisted the Minneapolis District Dental Society by distributing posters and window stickers and helping to make arrangements for the noon luncheon, etc.

Thursday evening, at the Minneapolis auditorium, 5,000 people heard Dr. Seccombe lecture on diet in its relation to teeth, and Dr. Mayo talk on the closer relation between the dentist and the physician. These lectures were preceded by an organ recital by Mr. Frederick Mueller, of Minneapolis, and at this meeting prizes in the dental contest were announced. The prize winners were greeted by the cheers of the throng which filled the auditorium. The decisions were arrived at with great difficulty because of so many nearly perfect mouths.

Organizations which co-operated with the Minneapolis District Dental Society in making preventive dental week a success were the Hennepin County Public Health Association, Hennepin County Medical Society, Hennepin County Tuberculosis

Association, Minneapolis Public Schools, the Women's Auxiliary of the Minneapolis District Dental Society, the University

of Minnesota, the National Dairy Council and the Minneapolis District Dental Nurses and Assistants' Association.

Maybe This is the Answer

Editor ORAL HYGIENE:

I was greatly interested in your editorial, "What Is the Answer?" in ORAL HYGIENE for January. We may have a shortage of dentists in the future, but at the present time there seems to be quite a large number of men whose time is only partially occupied. In spite of health propaganda, commercial advertisements and hygiene movements, a good many patients get no dental work done, excepting occasional extractions and plate work.

The dental education must keep up with advanced thought and practice, and if it is necessary to increase the medical course to properly educate physicians, it is absolutely necessary to educate at least a good many dentists who can be of real material help to them on consultations.

The greatest fault being committed by the dental profession today, and for which they cannot be held entirely responsible, is the neglect of children's teeth. Hygienists might readily have their education increased so as to become children's dentists and take proper care of the temporary teeth. It seems as if this would be the best solution, as women can handle children better than men, they have more natural patience, and perhaps understand them better. The dentists would have less to fear from this competition, as women do not take to the mechanical problems necessary in handling adults' teeth, nor does surgery appeal to her, generally speaking. It seems as if this would be a safer method than to permit dental mechanics to work at the chair, as they would be more apt to drift into complete practice. This may not be a solution to the problem, but it is a suggestion that may prove worthy.

Yours very truly,

Groton, N. Y.

T. ANDREW BUCKLEY.

1923 Annual Index to ORAL HYGIENE

We have printed a limited number of copies of the Annual Index to the 1923 volume of ORAL HYGIENE; these are for gratis distribution.

The Annual Index carries a title page and is adapted for binding with copies of ORAL HYGIENE itself.

Requests for the Index should be addressed to ORAL HYGIENE, Publication Office, Imperial Power Building, Pittsburgh, Pa., rather than to the Editor's Office.

Little journeys to the fountain-heads of science

More Dentists and Better



IN HIS address, before the American Dental Association in Cleveland last summer, Dr. Buckley said: "In my opinion, and viewed strictly from the standpoint of dentistry, the problem of dental education is the most important problem confronting us today."

Upon this subject of dental education, Dr. W. O. Talbot's ideas, as expressed in a paper, "Why Do More Men Leave the Dental Profession Yearly Than Enter It?" (*Texas Dental Journal*, March, 1923) are well worthy of consideration, although I must say I do not agree with him as regards his solution of the problem.

To go back to Dr. Buckley's address: "We see therefrom that we are greatly in need of more dentists to supply the demand for dental services, and at the same time we need a better educated dentist to meet the increased and higher requirements of the times." In these few words President Buckley certainly did "hit the nail squarely upon its head," and the question naturally arises: What is going to be done about these "more

dentists" and "better dentists?"

Colleges are "run" today exactly as they were run 45 years ago, only *more so*. This is merely a repetition of what I have said before, but it is true and *needs* to be repeated.

There lies before me, upon my desk, the "announcement" of one of our greatest dental schools. Amongst the faculty are listed an innumerable number of *instructors*. The question naturally arises: *Who* are these instructors, what are their qualifications, and what are they paid for their efforts towards the education of the dentist?

These questions are readily answered. They are mostly young men—comparatively recent graduates. Their experience has been limited. They are *paid practically nothing* for their services.

To my mind, those few lines speak volumes. Comparatively *inexperienced dentists* do a world, if not most, of the teaching of the boys that are coming on right today, just as the inexperienced demonstrator taught my class 45 years ago. No change in the system, only more

By C. EDMUND KELLS,
D.D.S.

New Orleans, La.

Better Dentists

instructors to meet the demands of a larger class.

Should any one of our colleges today need a highly qualified instructor for, let us say, porcelain work, it would necessarily have to, according to the custom, engage the services of a graduate dentist.

This man would have been required to spend about \$5,000 and to give up four years of his time in order to obtain his degree, and then he would have been required to practice some years in order to become expert in porcelain. Consequently, if the college in question wanted a *very competent* dentist to teach porcelain art, it would have to pay this man a very high salary, which probably it could not afford to do.

Again, if a position in this school were offered this very capable dentist he would probably refuse, because he would rather continue in general practice.

And, *once more again*, if he should accept, then there would be one less competent dentist in practice, and we have just seen where Dr. Buckley says there are not enough good dentists in practice now.

Therefore, taking it all in all, for the college to draft a high-class man into its ranks for this purpose would be objectionable *even if possible*.

Whatever obtains regarding porcelain work obtains equally as well in every other special branch in this wonderful field of dentistry. Under the conditions of the "dark ages," which conditions still obtain, it is nearly, if not quite, impossible for the dental colleges of this country to obtain sufficient *competent* teachers; and competent teachers they must have in order to turn out the "better educated" dentists, the need of which Dr. Buckley emphasizes.

To go back to the announcement of the dental college just referred to: we find that all of the *professors* of strictly dental subjects, such as operative and prosthetic dentistry, and the like, are graduate dentists. This is as it should be.

We find further that the professors of physiology, pathology, bacteriology, oral surgery and neurology are not dentists at all, but all are M. D.'s. Now tell me, pray, why, in a leading dental school, they put a lot of M. D.'s on the staff to teach the

students these branches? The answer is perfectly plain—there are no D. D. S.'s available for these purposes.

Now then, we find D. D. S.'s and M. D.'s mixed up on the staff. Why should not the M. D.'s be *made* to take the dental course if they want to teach dentistry? For two good and valid reasons: the first one is that it is not necessary, and the second, that if it were necessary, these men would refuse to spend four more years in a dental college just for that purpose. I am sure that no one will question that statement.

Following the above preamble, the statement is now made that the teaching staff of many of our dental colleges of the day can hardly be called satisfactory.

I have been told, *by those who know*, that the great problem of the dental colleges today is to obtain good teachers.

Now, "If I were King," and running a royal dental college, that difficulty—the lack of competent teachers—would be solved in the following manner:

Bright young fellows, fresh from the *high schools*, would be selected and made to concentrate all of their energies upon the subjects which require *mechanical training only*.

One set of these boys would be taught by the very best men in the country to take certain teeth, *and at the bench* prepare cavities and *fill them*. That's all they would be expected to know, and in the college infirmary that's all that would be necessary for them to know.

Another set would be taught how to prepare cavities for inlays, and how to cast and set the inlays, and they would know nothing else. They would not need to, and so on all along the line. Thus would be obtained a complete group of highly specialized instructors who, for a comparatively small salary, would teach the boys what they cannot learn today under the present conditions, that is, when instructors are men who have spent years in learning a *little bit* of every branch of dentistry, and not a single one well.

The plan, in a nutshell, is to have a college patterned after the Ford works, whose mechanic No. 618 puts in bolt No. 1278 and does nothing more. He does that one thing to the "queen's taste."

Such skilled mechanics taught within a year would teach dental students all the *mechanics* of dentistry, while skilled dentists, who have spent years in the study of dentistry, would teach them what they, and they only, can teach them; and once again highly trained physicians would teach their particular branches. Can a more ideal plan be imagined?

* * * * *

Now then, there's another statement of Buckley's that needs thinking over, and that is the one in which he says that these "more dentists" must be better educated in order to meet the "increased and higher requirements of the times."

The "increased and higher requirements of the times" are the

requirements of *comparatively very few people*, and these comparatively few do not require to be considered at the expense of the multitude.

Where one exceptional man needs \$2,000 worth of bridge-work, for which he is able to pay, 2,500 ordinary men—yes, 25,000 more likely—each need some \$2 fillings, \$2 being all that they are able to pay.

Now the *dental colleges* cannot possibly turn out men to meet the "higher requirements of the day." These *higher requirements of the day* can only be met by men who have had years of experience and practice.

Therefore, it is the duty of the college to turn out men who are at first specially fitted to meet the *requirements of the masses*—that is, the public with the slender purse—and it should be ground into the minds of these men that that is all they can expect to do *at first*; that it will take years of labor and study to fit them for the meeting of the *advanced requirements of the day*. That's what should be drilled into the heads of the college boys.

Only this year I met a boy who had just graduated. "What are you going to do?" I asked; and, would you believe me, he said, "I think I will go to the Mayos' for a few weeks, and then come back here and specialize in surgery." Now, can you beat that! Lord help the poor mortals who would fall into the hands of such a specialist. Oral surgery!

Should he be censured for

such ideas? Not in the least. The college which let him get away from it with any such idea is really to blame. He got the wrong idea at college, that's all there is to that.

* * * * *

Every large business concern of the day must have a staff of *specialists*. The mechanical engineers neither study nor know anything about salesmanship; the salesmen study salesmanship and nothing else. Accountants are neither engineers nor salesmen. In business, one man is not considered *capable* of knowing it all.

Just so then should a modern dental college have a corps of teachers—M. D.'s where they are needed, D. D. S.'s where they are needed, and a world of just plain *mechanical specialists where they are needed*; and then, and not until then, will any college be in a position to do the boys and the great American public justice.

And now for another phase of this subject. To quote from an announcement: "The *Infirmary Course* (optional) begins June 15 and will close October 1. The College Session (obligatory) will begin October 2 and end June 12."

Here we see that the college session (obligatory) is only eight and one-half months long, and that the student, who should be *working against time*, gets three and one-half months' vacation for each of four years. Does he need all this vacation? Most assuredly not. He doesn't need any more vacation during his

senior year than he will get during his first year in practice, and it's an easy guess how much that will be.

Growing school children, of course, should not be expected to study 12 months in the year, but once a boy is in a college and studying a profession, surely a two weeks' vacation is all that he needs.

During the four-year course, as presently conducted, the boy *must* work only 34 months and can be idle 14 months—nearly one-third of his time. Isn't that scandalous? If the course were lengthened to 11½ months per year, then he could get his full college education of 34 months within three years.

Wouldn't this be a wonderful thing for most of the boys who are not only anxious, but need to get out and start earning a living? And don't forget that with *skilled men* to teach

them the mechanics of dentistry they could learn much more during these three years than they ever could learn in any four or five years under the present methods.

With a skilled mechanic No. 618 to show them just how bolt No. 1278 should be placed, any of these boys, who have half a heart, would be capable, upon leaving college, of being of some value in a high-class dental office.

Of course, these views are radical, and undoubtedly will meet with opposition, but one should not forget that the "impossibilities of one decade are the realities of the next."

Of one thing we can be dead sure, and that is that the "More Dentists and Better Dentists" of Buckley's can never be turned out by the present-day methods of teaching.

Russian Relief Fund

Before you forget it, write a check for as much as you can spare and mail it in to Dr. Otto U. King, Secretary American Dental Association, 5 North Wabash Avenue, Chicago, Ill.



Collection Letters

that do not Beat Around the Bush^{*}

By E. B. WEISS

A story is told of a Doctor Brown who had sent a bill for ten dollars to the terrible-tempered Mr. Bang. The bill read: "2 visits—\$10.00."

Bang lost his terrible temper. He rushed to the doctor's office. "You're a robber!" he shouted. "Think of it, five dollars a visit! It isn't worth it."

"Well, I'll rewrite it," said old Doctor Brown. This article tells what the doctor wrote.



PERHAPS the earliest collection letter of which there is record was written by a certain Sarapammon to one Piperas. It reads: "Let me tell you that you owe me seven years' rents and dues; so, unless you now send discharges, you know the danger."

Aside from its historical interest, the letter has not much to recommend it except this: it did not beat around the bush.

Sarapammon evidently knew little about good-will and cared less. He was interested only in the fact that Piperas had dodged his debt for too long and the time to bring him to account had come. Consequently, he made no bones about it: "... you owe me seven years' rents and dues," explains in eight words the purpose of the missive, and, "... unless you now send discharges, you know the danger," was the little hook calculated to induce action.

Obviously, Sarapammon's tactics would scarcely do these

^{*}Extracted from an article in *Printers' Ink* and reprinted by permission.

days. His letter is introduced only because, by way of contrast, it illustrates a certain weakness in many modern collection letters. I have reference to the dunning note which, tearfully and apologetically, begs for a remittance. Here is a paragraph from a final follow-up in a collection series: "I have written you personally three different letters in which I actually pleaded for a reply, and you have not seen fit to answer me.

"What must I do, and how shall I go about it, in order to get a reply from you?" this letter continues. One solution is: stop pleading. Cease bending over backward, like an acrobat, in a falsely conceived effort to preserve harmonious relations. If you are honestly entitled to the money, and if you want the account settled—which is the obvious purpose of the collection letter—don't cringe, don't eat humble pie and don't beat around the bush.

A story is told of a Doctor Brown who had sent a bill for ten dollars to the terrible-tempered Mr. Bang. The bill read: "2 visits—\$10.00."

Bang lost his terrible temper. He rushed to the doctor's office. "You're a robber!" he shouted.

"Think of it, five dollars a visit! It isn't worth it."

"Well, I'll rewrite it," said old Doctor Brown.

Here is what the doctor wrote:

"To getting out of bed at 2 a. m.; answering phone; disturbing wife; dressing; going to garage; cranking 'tin Lizzie'; two-mile drive in the cold; *saving baby's life*; return to garage; waking wife; undressing; getting back into bed—ten dollars."

"I won't make any charge for the second visit," he explained to Bang as he handed him the bill, "and you needn't pay for the first unless you feel I have earned the money."

Now Doctor Brown might have done as certain others do: attempted to coddle Bang into settling. He might have adopted a servile attitude, begged Bang's pardon because Bang had lost his temper without justification—and wheedled the money out of him. More likely these tactics would have failed. Instead, the doctor refused to be intimidated. He did not beat around the bush.

It isn't necessary to use strong language. Biting sarcasm is certainly not desirable any more than are feeble, insipid, watery words. As usual, the middle road is the best.



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A Reply to THE SCHOOLMASTER ABROAD

By J. J. MOFFITT, D. D. S., Harrisburg, Pa.

"It is certain that teeth were not originally made for the benefit of the x-raying extractor," says Dr. Moffit, "but for the trusting patients themselves, for whom we must learn to save them."

IN ANSWER to Dr. Kells' question about draining abscessed lower teeth upward through the canals: it certainly can be done. They are being "drained up," and also down, and made safe and serviceable by many dentists whose vision is undimmed.

Dr. Kells' analogy between Irish ditch diggers and treating root canals is fair enough if you are going after the root canal infections with pick and shovel, but gravity plays very little part in the drainage of any tooth, either upper or lower. It is quite as easy to drain a lower tooth as an upper one, for the adhesion or coagulation of pus

within the small area of the canal is too great for gravity to play any perceptible part. There are many operations in which surgeons must drain wounds straight upward, and this is done continually in our hospitals.

Drainage, especially in confined areas, does not cure. It permits tissue restoration, which in turn expels the pus or other undesirable excreta, so the most important thing to be accomplished in root canal treatment is prevention of resistance to reconstructive processes after the enzymatic activities following infection are broken up.

It is all right to remove the cause and let Nature come to the rescue as Dr. Kells suggests, but

we also must be certain that in removing the cause we do not tie up Nature hand and foot or we should not be giving her a fair chance. Therefore, we must be cognizant of her processes, and the Einstein theory, which Dr. Kells seems to utilize as a protection against acquiring knowledge, is not so very complex compared with these processes of Nature and the successful application of them to root-canal treatment. The Einstein theory has been rationally discussed by a great many more enlightened minds than has ever been the good fortune of the science of preserving the masticatory equipment. But we must not on this account give up; we must learn the chemistry of rarefied areas, the causes of their origin, the kinds of bacteria that invade them and the effects of these micro-organisms on the

system, the enzymatic and phagocytic activities of the leucocytes, autogenous vaccines, the bacteriological activities within the live dentinal tubuli, the chemical contents of the devitalized canaliculi, cellular regeneration, bone formation, etc., and the conditions that inhibit or promote the desired results of these processes.

These things we cannot learn by extracting every tooth that it is difficult or unprofitable to cure.

We are called upon to study, understand and make use of these processes (which is the only fair way of leaving it to Nature) for the future exaltation of our profession, since it is certain that teeth were not originally made for the benefit of the x-raying extractor, but for the trusting patients themselves, for whom we must learn to save them.

A Correction From Brazil

Editor ORAL HYGIENE:

We note on pages 1733 and 1734 of the November ORAL HYGIENE the remarks regarding the free dental clinic being organized in this city. This is very interesting, and would be more so if the information given were correct. The amounts referred to as having been secured for the purpose of building and installing a dental clinic are given in dollars instead of *milreis*, so that the figures given are about eleven times as big as they really were.

Yours very truly,

S. S. WHITE DENTAL MFG. CO. OF BRAZIL,
per REGINALD GORHAM.

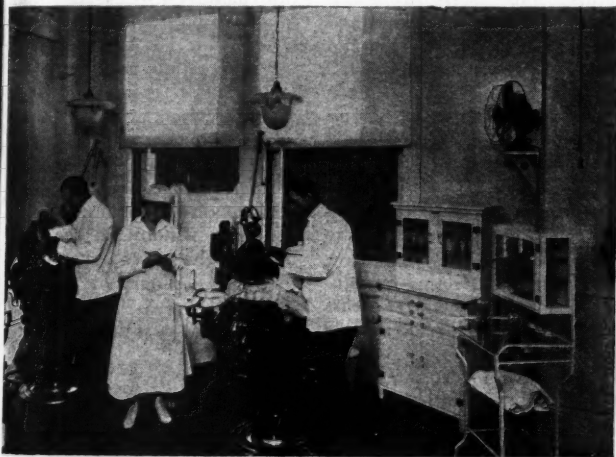
Rua Santa Luzia, 242, Rio de Janeiro, Brazil.



Industrial Dentistry

By E. L. PETTIBONE, D. D. S., Associate Editor, Cleveland, Ohio

*Please address all communications regarding this department direct to
Dr. E. L. Pettibone, 6503 Detroit Ave., Cleveland, Ohio*



The National Cash Register Company's Dental Dispensary

IT WAS my very great pleasure recently to visit Dayton, O., as the guest of Dr. Homer M. Brewer, dental director for the National Cash Register Company, of that city.

If you have never had the privilege of visiting the most wonderful institution conducted by this company you would do well not to overlook an oppor-

tunity to visit it. Although it is a factory, it is like no other factory in the world. The buildings appear more like a fine group of college buildings, and the employees are looked after much better while at work, at play or at home than any group of college students. This company has carried to perfection more plans for the comfort, health and welfare of its employees than any other factory

in the world. They learned in the school of hard knocks that bad working conditions were expensive.

In 1892, registers worth \$50,000 were returned because of defective workmanship. The company then started welfare work and found that it paid in a better product.

Welfare work benefited *this* factory and community; it should benefit every factory and community in the world, and you should be interested in welfare work because it can be made to benefit *your community*, and the dental dispensary is a big help in the health factor of your community.

It was an official of this company who first gave us the slogan: "The past fifty years have been spent in perfecting machinery, but the next fifty years must be spent in perfecting the human machine."

They have a very interesting booklet telling of all their welfare activities, and those of you who attended the American Dental Association Meeting in Los Angeles had the privilege of seeing their film showing all these activities.

They have a most wonderful film, on which they spent many thousands of dollars, which you were privileged to see in the Health Exhibit at Cleveland during the A. D. A. This deals with the venereal problem, and was made about ten years ago to present the subject to their employees.

I certainly envied the 6,694 employees who had these many advantages over the rest of the

workers. Of course, I envied Dr. Brewer most of all. He has one of the finest and most completely equipped dental offices imaginable.

It is located up toward the front entrance of the main building, across from the library and adjoining and connected with the medical dispensary. The accompanying picture does not do this dental dispensary justice. Those of you who attended the meeting of the American Dental Association at Cleveland may recall a replica of it in the Health Exhibit, which gave you a better idea of it. The picture does not include, for instance, their most excellent x-ray and dark-room equipment.

In the window in the corridor at the entrance was a monthly summary of the work done for a year, the totals of which were as follows:

Examination of new employees	1,535
Examination of employees.....	2,101
Extractions	1,673
Amalgam fillings	7
Cement fillings	42
Gutta-percha fillings	25
Prophylactic	2,062
Abscess treatments	0
First-aid treatments	1,047
Consultation (only)	42
X-rays	1,129
Roots filled	0
Gum treatments	204
Miscellaneous treatments (post-extraction, etc.)	923
Total.....	10,790

There are many interesting deductions to be drawn from this chart. Usually upon similar visits to plant dental dispensaries you express your appreciation of the well-located and

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Offices and factory buildings of the N. C. R.
at Dayton

nicely-equipped dispensary—all plant dental dispensaries are well located and well equipped—and then the dental director calls your attention to the superiority of his system of records, charts, etc., and they are usually very much better than those of the general practitioner, but here at the National Cash Register Company, although their systems of record keeping were very good, they were most anxious to call my attention to their educational literature.

They have three most excellent booklets. The first is a 24-page booklet, entitled "Good Teeth, Good Health." The object of this booklet is to arouse a greater interest in the study of mouth hygiene, and to present a few facts about the teeth and mouth. The material presented is from the writing of men who

are authorities on subjects pertaining to dentistry and research work. As many of the employees are married and have children in their homes, a chapter has been devoted to the care of children's teeth.

There are also paragraphs on directions for cleaning the teeth, the wrong and the right way to brush your teeth, keeping toothbrush clean, when to brush your teeth, the use of dental floss, a few facts about pyorrhea, focal infection, dead and pulpless teeth, degeneration of the teeth, bad habits of today, and some suggestions on eating.

This booklet contains some very interesting pictures, the first six showing the right way to brush your teeth and three showing the right way to use dental floss are especially good.

On the last page we find the following:

THE N. C. R. DENTAL DISPENSARY

The dispensary is located on the first floor of the office building, directly opposite the library.

The work consists of first-aid treatments for toothache, neuralgia, or any form of mouth trouble; extraction of diseased teeth or broken-down roots, temporary fillings, consultation and advice, gum treatments (except in cases of pyorrhea), instructions as to the care of the teeth and mouth, cleaning teeth, examination with chart.

Employees desiring to have their teeth cleaned should have their names placed on the *waiting list*. You will be called from your department in turn as your name appears on the list. Employees are not privileged to have their teeth cleaned in the dispensary during an interval of six months from the date of the last cleaning.

Estimates on the cost of dental work are not given.

All service rendered in the dispensary is free to employees of the National Cash Register Company.

Hours: 7:30 a. m. to 12 m.; 1 to 4:30 p. m.

Their second booklet, "Dentalgrams," contains the paragraphs used in their 1921 calendar, some rhymes for the kiddies and the following facts about the dental dispensary:

The dental dispensary of the National Cash Register Company was opened in May, 1918, as a part of the medical department.

At that time one full-time dentist was employed, and one chair with all necessary equipment was installed. In July, 1919, another full-time dentist was employed, and another chair installed. Later an x-ray machine was added to the equipment.

The work consists of examinations, first-aid treatments, extrac-

tions, prophylaxis, x-ray and diagnosis, consultation and instructions on the care of the teeth and mouth.

The service is entirely free to all employees, and the work is done on the time of the company. All applicants for employment must undergo a dental examination. All other work is voluntary on the part of the employees.

The average number of employees during the year 1921 was 5,330. The estimated value of the dental service to the employees for the year 1921 was \$22,576.25. This estimate is based on an average fee which would have been charged by a dentist rendering similar services.

The value of medical and dental services to a factory can best be determined by analyzing the "sickness report" from our medical department. Statistics so far available show that the time lost per year in industry on account of sickness will average 48 hours per employee.

During the year 1921 we lost 59,854½ hours on account of sickness. This is an average of 11½ hours per employee. Taking the above as a basis for our figures, we saved 195,986 hours during the year; 195,986 hours at 50 cents per hour would amount to \$97,993 saved during the year.

The three preceding paragraphs are valuable material for you to use with those contained in the February issue of ORAL HYGIENE when you try to interest an employer in a plant dental dispensary.

In 1921 they issued a weekly calendar. At the top of each leaf was a statement such as:

"MORE THAN TWENTY VARIETIES OF DISEASE GERMS HAVE BEEN FOUND IN ONE MOUTH."

—A. TOOTHBRUSH.

At the bottom of each leaf was one such as:

"ABSCESSSED TEETH ARE PUS

FACTORIES AND SHOULD NEVER BE ALLOWED TO REMAIN IN THE MOUTH."

This calendar, with a picture of the dental dispensary, went into the homes of all the employees. With two new definite advices about the care of the mouth each week for the whole family it must surely have been a great education in mouth hygiene.

Their third smaller booklet shows the back of a man's head in one view and his face in another, and calls attention to the fact that the face is what you see—of course, he has fine teeth.

An effort is made to build for the future by means of talks to children of employees. In a recent examination of children's teeth the report was as follows:

Total number examined—ages 6 to 13	900
Total number with decay in permanent teeth	638
Total number without decay in permanent teeth	262
Total number decayed permanent teeth	1,936
Total number children with fillings in teeth.....	180
Total number permanent teeth with fillings	492
Total number permanent teeth lost	132

Aside from the dental dispensary the welfare work benefits the employee as follows:

1. Affords opportunity to gain knowledge through:
 - (a) Library,
 - (b) Schools at factory,
 - (c) Night classes at N C R City Club,
 - (d) Noon-hour meetings,
 - (e) Chalk talks and motion pictures,



Examining the teeth of employees' children in the N. C. R. Dispensary.

- (f) Lectures by prominent people,
 - (g) Distribution of newspapers, magazines, books, educational literature,
 - (h) Schools for apprentices,
 - (i) University co-operative work for young men,
 - (j) Century Club for women.
2. Healthful surroundings.
 3. Warm noon lunch at moderate cost.
 4. Attractive surroundings to induce walks during noon hour.
 5. Hills and Dales Park for recreation purposes.
 6. Accident prevention and health education.
 7. Exercise twice daily for health.
 8. Good air, light and water afford physical protection.
 9. Prizes offered for best suggestions create an interest in improvements.
 10. All the above make work more attractive and widen the vision of the employee.

It benefits the employee's family as follows:

1. N C R Women's Club.
2. Classes at the Rubicon Club in printing and sewing.
3. Boys', girls' and men's gardens.
4. Saturday morning meetings for children.
5. Social and educational activities at the N C R City Club.
6. Semi-annual dinner and meeting for successful employees in the suggestion contest, to which their families are invited.
7. Recreation facilities at Hills and Dales Park.
8. Landscape gardening, vegetable gardening, and other instructions to make the home more attractive.
9. Tennis courts near the factory for employees' families.
10. The broadened vision of the man at his work is reflected in the home.

The community is benefited as follows:

1. Neighborhood improvement increases the value of property.

2. The whole community benefits by what is done in one section.
3. The employee who is happy at his work is naturally interested in the well-being of the community. He, therefore, takes an interest in civic affairs.
4. What one factory does for its employees affects the community, because these same thoughts are carried from the factory to neighborhood meetings.

The company is benefited as follows:

1. Many important improvements are made as a result of suggestions from employees.
2. Almost four thousand suggestions are received annually.
3. The effort to provide better light, air and water is repaid by a higher standard of health. Hence there are fewer accidents and less time lost from sickness.
4. Good surroundings produce better satisfied employees and better product.
5. Employees take an interest in the welfare of the company.
6. The welfare work done in the community is reflected in the employees of the company.
7. Employees are proud of their connection with the company.
8. Interest is taken in education, thus increasing efficiency.

We cannot tell you of the many things, like allowing the women to come 15 minutes later in the morning and leave 15 minutes earlier in the evening, thus avoiding crowded street cars; the wonderful safety committee, their profit-sharing plan, nor the many other opportunities afforded employees.

The Hygiene Department staff consists of two physicians, four nurses, two masseurs and a dentist with an assistant. Besides looking after injuries, minor ailments and teeth of employees, they carry on health education.

This department has reduced time off, due to sickness, to a very low figure.

The company believes that it is not only their duty to keep

their workers healthy insofar as they can, but that it is also good business. Their people are trained workers and the company has an investment in them.

A New Dental Directory

The well-known firm of directory publishers, R. L. Polk & Co., have in course of preparation a new edition of their Dental Register and Directory of the United States and Canada, which will be issued about the end of the present year. This will be the thirteenth edition, the last having appeared in 1917. Management and compilation of the work is under supervision of the Chicago office of the publishers, located in the Rand, McNally Building, 538 S. Clark street. Dr. Louis Ottofy, widely and favorably known among the members of the dental profession as a dental lexicographer, is taking care of the editorial part of the work.

The work will contain the names of dentists listed in alphabetical order by states, provinces, cities, towns, etc., in the United States, its insular and non-contiguous possessions; Canada, according to the provinces, and Newfoundland; a complete alphabetical list of all the dentists of North America; all dental laws in force, including those most recently enacted; the U. S. Army Dental Corps; lists of dental schools, societies, boards of dental examiners, auxiliary and post-graduate institutions, national and interstate associations, etc.

Vast and important changes have taken place in the dental profession since the material for the last edition was assembled in 1916. The entrance of the United States and Canada in the War has led to an unprecedented development and progress. As one of the results a considerable increase in the number of dental practitioners has taken place; many changes of location, removals, etc., have also resulted. This naturally means the addition of a large number of names, corrections and the addition of much useful information pertaining to the present status of the profession.

It is the policy of the publishers to make this new edition not only a directory in the ordinary sense, but a useful work of reference for all who are in any way directly or indirectly interested in dentistry. Many new features will therefore be added, among them the following: The reciprocity arrangements between the several states; dental research; dental libraries; societies and clubs; dental fraternities; code of ethics; dental insurance, benefit and protective companies; dental societies composed of specialists; the Army Dental Corps in Canada, as well as in the United States; the Navy Dental Corps; industrial dentistry; information pertaining to the field of dental hygiene and preventive dentistry; dental clinics in public and private schools; dental infirmaries; lists of manufacturers and dealers in dental supplies and specialties made for the use of dentists; all recently enacted laws governing the practice of dental hygienists; women's activities in dentistry; associations of dental mechanics and dental assistants; list of dental laboratories; list of the principal dental, medical and allied books and their publishers; number of dentists according to the decennial United States census; number of dentists annually graduated from dental schools; all information obtainable at the time of going to press pertaining to the Seventh International Dental Congress to be held in Philadelphia in 1926, and like additional information of interest to dentists, manufacturers and dealers.

IDEAS *for*

By JOHN PHILIP ER

Part II.—Trumps and Tricks of Teaching Tooth-Truths



THE first high idea for hygienists is: *You can catch more converts with molasses than you can with vinegar.*

A young dentist, fired with a Vesuvius ambition, sought and obtained the privilege of teaching oral hygiene in the schools of his community.

He opened the campaign with a flare of fireworks. He sent a column article to the local paper outlining the marvelous undertaking and impressing upon the readers the remarkable ability of Dr. Blank to carry all to a stupendous success.

He boasted to his patients of the signal honor the educators of the town had paid him. In private and in public places he inflicted his one story.

Like all madcaps, he raced on to destruction. When he visited the schools, instead of teaching, he examined and charted the mouths. These charts he mailed to parents advising the immediate services of a *competent* dentist. With the charts and letters he enclosed a sample of tooth paste labeled with his name and title, "Professor of Oral Hygiene."

Upon the charts and stationery appeared in bold type, "Dr. Blank, Professor of Oral Hygiene," and his address and office hours.

Soon the storm broke. The public howled bloody murder. A leading physician added his influential kick. The editor jumped on the Vesuvius dentist with both feet. Everybody took a whack at him.

Result: The school board rescinded the doctor's privilege and "thanked" him for his silly services.

When hauled over the coals, Dr. Blank jumped on a high horse, threatening suit for breach of contract and for fee. Only the firm fist of an able attorney cleaned up the dirty mess.

The following brief suggestions will help you to avoid such destructive experiences. These lessons were learned from errors made by myself and others:

When planning to teach oral hygiene insist upon a carefully prepared contract, signed by the proper authorities.

The contract should state specifically:

First—Your duties, clearly defined.

Second—Minimum number

Hygienists

PHILIP ER S., Perkasio, Pa.

of lessons to be taught.

Third—Length of time allotted to delivery of course.

Fourth—From whom you are to take orders.

Fifth—Fee you are to receive for complete course.

Have a clear understanding, in black and white, what you are to do, and the part of school authorities. Once you have entered into the contract endeavor with all your might to live up to your promises. Do nothing which might provoke an argument.

Work harmoniously with school superintendents and school teachers. Seek their advice and co-operation. Their help, their good will, may turn your weak efforts into successful channels.

Do not let your teaching conflict with the regular school curriculum. Teachers, like dentists, hate to be disturbed when busy. Always tell teachers when to expect you. Arrange your visits to suit them.

The time you are most welcome in the eighth and lower grades, both by teachers and pupils, is *Friday* afternoon. The end of the week finds school life relaxed, ready for visitors. Then a hearty welcome awaits you.

Properly planned, you should teach six classes during the afternoon session—three before and three after recess. That will

send you home highly elated over a task well done.

Do not mass classes. Leave each class in its natural setting. Massing provokes hilarity. Every departure from routine weakens receptivity of the child mind.

When your duty is to teach oral hygiene, then teach only oral hygiene. Do not examine and chart mouths. Do not distribute any advertising matter for yourself or *for anyone else*. If any tooth-paste samples are to be given out, refer such advertising into the hands of the proper school authorities. Then you are free of all censure.

Always appear before children in your best bib and tucker. Remember you represent the dental profession.

Shine up!

Shave up!

Smile up!

Do not spend *one* unnecessary moment in a class room. Leave as soon as politely possible. While there attend strictly to business—and only to business.

Finally, strive assiduously for the three big B's:

Be prepared.

BE PREPARED.

BE PREPARED.

Add to the above injunctions a liberal sprinkling of Chesterfieldian common sense and a dash of American pep and your

work will be eminently successful. It cannot be otherwise. You will be delighted.

There seems to be a heap of doubt as to just *how* to teach an oral hygiene lesson.

"Shall I read it from the book?"

"Would you advise committing it to memory and then reciting it?"

"I am afraid to speak extemporaneously. When I stand before a class I shake clear through. My mind becomes a blank. I chill with fear."

Such confessions are familiar to us. The very idea of *standing* before children scares the sense out of the uninitiated. To tell a story and drive home a lesson seems an insurmountable task.

"I simply can't do it," confessed one young dentist to me. "There is nothing I would enjoy more than teaching hygiene to school children. The work appeals to me. But standing and talking, well, I simply can't do it."

I replied: "Yet that is the very thing you are doing at present. You are *standing here talking* most charmingly. That story you just told me of the screen version of David Copperfield could not be beat. It was extremely interesting. You have the qualifications of a fine public speaker. Unfortunately, you do not know it."

He looked at me in surprise. He was about to protest and argue. But I waved his objections aside with: "Now listen. Let me prove my point. Give

me a chance to fill your cup of joy to overflowing. If you will follow my instructions I promise that before many moons wax and wane you will acknowledge the correctness of my surprising contentions."

We were good chums. After a later conference he agreed to follow my advice. He was a faithful worker. I knew that. Hence my confidence in the outcome.

It is always a safe bet on a person who works honestly and industriously. Such cannot lose.

To all my readers who long for the ability to *stand and talk*, I offer the same suggestions and directions which I gave my young friend who said, "I simply can't do it." They have lifted him out of obscurity and set him in high places. In day and Sunday-school, before lodges, patriotic and public gatherings, he is always a welcome speaker. *Will it so*, and the same pleasure of honor and prestige will be yours.

The first lesson I gave my young friend was as follows: From the Colgate Chew-Chew Engine booklet I had him read and re-read the story of "The Three Giant Cares."

The story tells of a banker who tested applicants for clerkship in his institution by having them pass through his private office merely to write their names. After the clerk had been chosen, a friend of the banker asked him: "Why did you decide upon that young man? His writing is not perfect. There are many who wrote their names far better than did your choice."

The banker smiled as he replied: "What you say is true. The young man I chose wrote only a fair hand. But when he came into my office and took off his hat, I saw that his hair was trimmed and neatly brushed. When he wrote his name I noticed that his hands were clean and his finger nails well cared for. And when he bade me 'Good morning' I observed that his teeth were also clean and well kept. I therefore concluded that he practiced the three cares of a gentleman, namely, care of the hair, teeth and hands."

The banker concludes his remarks with this striking philosophy: "If young men do not care for those things I *can* see, how much less will they care for the things I *cannot* see?"

This story I directed my young friend to tell whenever the opportunity offered. I advised him to tell it over and over, each time trying to embellish it with an emphasis, a meaningful gesture, a descriptive expression of the face, an accelerando, a crescendo of the voice, to use every art which might visualize more impressively the scenes and activities of the story.

Now let my young Demosthenes relate his experiences:

"I started telling the story to young patients in the operating chair. I practiced on boys who came into my home. I tried it on friends.

"The first dozen tellings were rather weak. I could not inject into it a lively spirit. I could not visualize it. But I stuck. I was determined. Finally I saw

daylight. After a score or more experiences I noticed the coming of pep.

"One evening I called upon a friend, a scoutmaster who was entertaining a party of scouts in his home. After our business conversation he asked me to say a few words to the boys. At first his request took my breath. I was about to refuse when up popped my practiced story. Well, I gulped down a lump of fear and told 'The Three Giant Cares of a Gentleman.'

"Say, it went with a bang. I surprised myself. They appeared delighted. They must have enjoyed it, for they later insisted that I give them a series of talks on hygiene, which I did—quite satisfactorily."

"How many times have you told that story?" I asked several months after taking him under my wing.

"Not less than two hundred. Besides, I have added 'Speckled Apples' and 'Silks and Smiles' to my repertoire."

Then he smiled trickily. "By the way, have you ever heard of Mary Silks? Let me tell you the story."

And before I could cut him off that oratorical yap stood up and told me one of my own creations so delightfully that I hardly recognized it.

After congratulating him upon his admirable performance I asked how often he had inflicted Mary Silks upon others.

His head tilted studiously, eyes raised, he drawled out: "Ah, far oftener than 'Giant Cares.' Ah!—hem!—if my memory serves me accurately,

the number of the present telling is—ah!—hem!—three hundred and s-i-x-t-y - e-i-g-h-t."

The laugh was on me. He had learned his lesson, and learned it well.

The second suggestion I gave to my young friend, and which I pass on to you is:

Set up an attractive, saleable, inspiring target.

Professor N. C. Schaeffer, for many years superintendent of Pennsylvania schools, once told me: "Most teachers fail because they do not know *what* they want to teach. Their purposes are vague, hazy, uncertain. The results naturally are dull, insipid lessons."

When preparing an oral hygiene lesson, know clearly *what* you want to teach. Determine definitely your purposes.

Add the elements of attractiveness, merit and power. Reduce all to black and white. Then test the results with the five following questions:

1. Is the bullseye of the target my chief aim?
2. Are my ways and means logical?
3. Is my creed orthodox?
4. Upon what grounds do I claim merit for my proposition?
5. Are the merits self-evident, hence inspiring?

Having given these brief instructions, I directed my young friend to prepare a suitable target for

teaching "The Three Giant Cares" to a class of the eighth grade.

I advised him to keep in mind that he would speak to boys and girls about thirteen years of age; that such is a sensitive, critical period in young life. It is the time when children open their big, bright eyes and "discover" the world; when first they feel the friction of society. No time in child-life presents more perplexing problems.

As the result of my directions I received target No. 1, illustrated below. From the target I would conclude that my young friend's *chief* aim is to teach that the greatest reward for practicing "The Three Giant Cares" is *health*. He evidently wishes to show that proper care of the body, especially of the dental organs, insures this health, plus beauty, unto old age.

He baits his hook with beauty,



service, health—three commodities the supply of which never met the demand.

Such a target apparently meets every requirement. I would call it good. It is fairly attractive. It displays selling points. Undoubtedly it would inspire results.

But let me ask: Is it big enough?

Does it measure up to our ideals?

Cannot the lesson yield deeper, grander truths?

For answer, let us consider target No. 2, shown below.

If I placed on one tray *Beauty*, and on another *Charming Culture* (beauty, plus grace, intellect, dignity, poise, refinement), it would not take you a year to choose.

There is no easier commodity to sell than Cheerful Citizenship. Can you recall how, as a child, *your* favorite person in the community was some kind, genial, sunny soul? They always smiled upon you. And, of course, you always smiled back to them. It is, indeed, a poor salesman who cannot sell sunshine.

What of Constant Character? Is it attractive, saleable, inspiring? There is no soul so seared, no life so dwarfed, but leaps and thrills to hero worship.

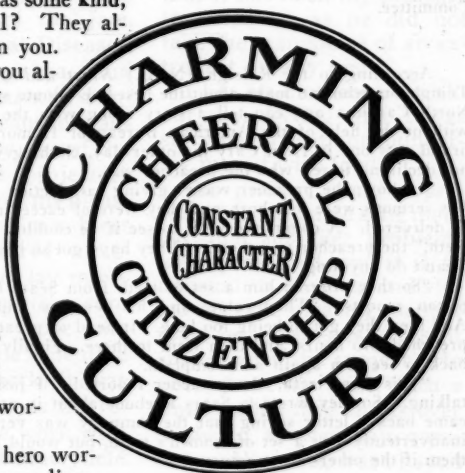
Especially does hero worship appeal to young lives.

Where is the child who does not admire Ulysses; John Halifax, Gentleman; D'Artangan; Jean Valjean; the Crusaders? Who of us have not wished, many times, that we might play such noble roles upon life's stage?

The *chief* lesson that I want "The Giant Cares" to teach is the philosophy of the banker, namely, "If young men do not care for those things I *can* see, how much less will they care for the things I *cannot* see."

The fellow who cares not a rap that his mouth looks like a sewer does not want to preach morality to me. The bull-pup for him. And similar treatment for the long-haired, longer-finger-nailed geezer who boasts of his culture and refinement.

I want to teach that observance of "The Giant Cares" gives *more* than beauty, service, health. I want to teach that a boy or girl takes the first step



toward charming culture, cheerful citizenship and constant character when they consider the feelings of others by keeping their persons always clean and attractive.

Ours is more than a plea for clean teeth. More than a campaign against decay and disease. Such a target is too trivial, too

superficial. It does not match present-day speed.

Ours must be deeper, grander. Ours must be a crusade for heroic virtues; for courtesy, culture, refinement, loyalty, fidelity, character. Such a glorious target places the hygienists upon a high plane that will win the glowing admiration of all society.

(To be continued)

Educational and Efficiency Society for Dental Assistants

The Educational and Efficiency Society for Dental Assistants of Massachusetts was organized December 20, the object being to help the dental assistants render better service to the dentist and to the patient. Plans are under way for instruction in office accounting, laboratory technic, x-ray development, mixing of alloys and cements, as well as other office routine, besides surgical assistance in extractions, etc. The Society has extended a cordial invitation to all assistants of ethical practitioners who might wish to become members.

Information regarding the Society may be secured from either Mrs. F. E. Jeffrey, president, 219 Essex street, Salem, Mass., or Miss Madeline Taylor, secretary, 173 Cabot street, Beverly, Mass.

Other officers are Miss Esther Hyland, vice president; Miss Christie M. Hall, treasurer; Miss Bessie E. Holden is chairman of the Executive Committee.

According to the Raleigh (N. C.) *News and Observer*, Dr. J. M. Templeton, who can make about the best five-minute speech of anybody in North Carolina and can tell a story along with the best of them—and without the help of the American Bureau of Humor, either—brought a brand new one in from Cary the other day, clothing with a local setting, but declining to tell who the preacher was.

Anyhow, the preacher wasn't giving satisfaction to his congregation. His sermons were too short, and they were of exceeding poor quality, and ill delivered. A committee went to see if he couldn't do better. "It's my teeth," the preacher told them. "They have got so bad I can't preach and I can't do anything."

"So they ordered him a set of teeth from Sears Roebuck," Dr. Templeton reports. "They came, and his sermons improved immediately. And then they got to being too long. Instead of preaching 15 minutes, he preached two hours, and then went to three. Finally the committee went back to see him again and complain.

"It's these teeth," the preacher reported. 'I just can't seem to quit talking.' So they wrote to Sears Roebuck about it, and in due time there came back a letter saying that the company was very sorry. They had inadvertently sent a set of women's teeth, but would be glad to exchange them if the others were returned."

Pages from the Diary of the Modern Dental Samuel Pepys

By SAMUEL PEPYS, Jr., D. D. S.

The Chicago Meeting (continued)

DR. EDWARD H. HATTON had an unusually interesting clinic, which was attended principally by the highbrows—the men who are doing research work—as a subject of this kind naturally appeals to them. I looked around and saw Weston Price, of Cleveland, McMillan, of Cincinnati, and others of note, who are doing work that is worth while. The subject, "The Relation Between Bone Changes of the Jaw, Chronic Periapical Diseases, So-Called Pyorrhea, and Radiographs," was well demonstrated by means of lantern slides and by one of the best microscope projectors that it has ever been my pleasure to look upon. The subject may have appeared unusually deep for the lay mind, but was presented in a simple manner. To those who have followed the scientific phases of this work, it was interesting insofar as the relation of Hatton's work with that of Black and Merryfield

—one can be checked against the other.

These able men are getting to the bottom of a great many of our problems by the good work that they are doing. I was rather surprised to learn that Hatton's work extended beyond diet. It was my good fortune at one time to hear him give a presentation on the latter subject, and he analyzed it from every angle, and it was one of the most sensible talks that it has been my pleasure to listen to, as he did not take the standpoint of an extremist on any point.

I left his diet lecture without that feeling that I was starving to death or foundering myself with food.

His present work is presented in the same sane manner that his diet problems were presented, and it is so unusual to have an individual with the pleasing manner that he possesses present such a scientific subject. He goes about his work with a smile on his face and is ever ready to answer any questions. His work was of such

interest that the Program Committee continued his clinic the same afternoon.

The clinic of J. W. Crawford, of Milwaukee, was well presented. He was assisted by another individual who also possessed a great deal of knowledge of the subject. They did not concentrate their entire clinic on the principle of construction of full dentures, but also demonstrated the importance of Monson's work, as seen in the mouths of those who were standing around listening to the clinician.

The work of Monson is not confined to the articulation of the teeth by means of an articulator, but takes in every phase of dentistry, as applied to articulation, facial form, restoration of the occlusal planes, etc.

The clinic of Theodore B. Kurtz and Loren D. Sayre gave in detail an outline of selected cases where porcelain jacket crowns are indicated, especially giving emphasis to anterior cases that are broken down—or where there are large fillings rendering them unsightly—and demonstrated that the natural contour between the roots and crowns can be restored, rendering the restoration more ideal than any other restoration used in the mouth.

This is a wonderful statement to make, as so few in the dental profession realize

the possibility of porcelain jacket crowns.

Talking to George Thompson in the lobby we reviewed a great many phases of porcelain jacket crowns, and George has practically come to the point where the porcelain restoration by means of a jacket crown, applied to almost any tooth, is becoming a simpler procedure to him than the construction of any other type of crown—which is so evident that it is not in reality the extreme technic procedure that it was so commonly thought. With time, and experience in the manipulation of the materials used, etc., the finished product can be turned out in approximately the same time that any other type of crown can be made.

The porcelain field lost one of its great artists, I learned at this meeting, from Dr. Stuvan, who informed me that my dear friend, Dr. L. E. Custer, of Dayton, passed away at his home recently.

What a debt the profession owes to this individual, who worked out so many of our early porcelain furnace problems, and a great many more technical procedures that have probably been forgotten by the profession, but have left a lasting trail.

I saw in the lobby his old sidekick, Charles Mills, of Ohio, and I refrained from mentioning Custer's name to him, but it was not long until he stated to me that

this was the first meeting in seventeen years that he had attended when Custer was not with him.

I guess Callahan and Custer, coming from the same state, can now talk over their problems and not have to worry about a lot of petty discussion.

On a train recently I met one of the Chicago oral surgeons going to a meeting, and we had quite a general talk about dentists in general—you know how you get together and just gossip about one another, not harmful, but just gossip, not of a slanderous nature. I hope no dentist would be guilty of such a breach, but you know the kind—how they talk about you and me.

Well, he got my nanny when he lit on us mechanical fellows and said dentistry was beyond that. This thought came to me when I was thinking of my good old friend Custer, who was a wonderful mechanic and made possible a great many features of dentistry that would not have been possible had not the mechanical features predominated.

Dentistry built its original reputation upon the construction of dentures, bridge-work, etc., which, in the main, was mechanical, and of course we carried it to an extreme, as we do everything else.

Hunter called our attention to our extreme work

fifty years ago, but it was not brought home to us until recent years.

The stomatologist has played his part on the progressive side of our work, but it cannot be overlooked that more teeth are conserved by restorations than by other known means.

I don't care to be belittled, as I understand the good work done on the other end and do recognize the pathological problems.

The faulty mechanical work, I also realize, brings about just as much harm as if never done. But this bird depends upon the profession for his cases, and I would not ride them, especially when the bread and butter are entirely dependent upon the dental profession, and it's just as well to get down to earth.

The medical degree doesn't make you a finished operator unless you have the mechanical sense in your operating technic.

List your name in the telephone book with the other dentists in your town and don't pose entirely on your medical degree—and, for God's sake, don't be ashamed of your dental degree.

I looked in at the clinic of Ralston J. Lewis. He was showing a lot of motion pictures on conductive anesthesia, that I had seen before, by some manufacturer of tablets. Later on I looked in

and they were doing some work with rabbits.

The clinic of Edward D. Coolidge was on "Root Canal Problems." He is going about his work in a very experienced manner, nothing radical, nothing new, classifying the conditions found, and the causes of periapical pathology. His sterilization of instruments, and the preparation of the field of operation, are like we have been doing in the last few years, but his treatment of pulpless teeth and disinfecting without injury to the tissues where drugs are used was rather an unusual phase of his work. The entire clinic was well presented, using a number of splendid drawings, models and lantern slides.

The clinic of M. S. Sorley demonstrated the use of micrometers for determining the percentage of gold shrinkage in our castings, and gave a resume of fifteen hundred castings and his findings in an endeavor to discover the cause of gold shrinkage in the casting process.

The clinic of Edward Neil, of Memphis, assisted by W. E. Mayer, on stabilizing the lower dentures by an extension of the plate in the region of the mylohyoid ridge and muscle and the tissues in the tonsilar area, was well attended. I have seen this clinic given before by an individual I don't just remem-

ber, but I think his name is Bowen, from Nashville, Tenn.

He went into the anatomy of the periotonsil region with a wet specimen. The procedure has a practical application in about twenty per cent of well-selected cases, and if used where not indicated no results will be obtained, especially if there is movable tissue. A special set of trays for taking the impression was shown.

The clinic of F. W. Merryfield and G. R. Lundquist was on "Peridental Membrane Problems." They showed a rational method of treatment, based on the histology and pathology of the tissue involved. I witnessed the Merryfield clinic at the last meeting, and he had some new slides and modifications of what he had done the year previous.

The clinic of Polk Akers on cast removal bridgework was a beautiful demonstration of the art of dentistry. The doctor showed a lot of wonderful attachments and fitting cases to prevent undue strain on the abutment teeth or tissues.

He demonstrated the preparation of abutments, wax models, etc. However, when it came to the character of the gold used, I guess I had better not say anything about it.

Dr. J. S. Christian, L. T. Sanders and W. C. Reed, occupied the big ballroom,

and in the various sections of the room they displayed their steps in the construction of full dentures. They had a wonderful display of models and finished plates showing technical treatment of abnormal conditions in an edentulous mouth. The work was done with a Gysi articulator and another type. I talked to the clinician about it, and he didn't know a whole lot about it; it should not have been shown until the clinician knew all about it. Every 24 hours a new articulator appears—before being worked with long enough to know what its merits or demerits are. This gets my goat.

The clinic of Austin F. James on "Traumatic Occlusion" was rather unusual for a pyorrhea specialist, or a periodontist, to show, as they usually clinic on scaling the teeth, preparation of the gingiva, the polishing of teeth, or something of that kind. However, Jesse James, as he is known by his friends, had a patient in the chair and prepared the occlusal surface for the benefit of those around him with a good old foot engine while seated on an operating stool.

This chap James has a physique which towers over the Wrigley Building, but possesses a pair of hands with digits that respond to the minutest details.

He has always been an artist when working around

the gingiva, and his work has always been recognized as par excellence. His work on diagnosis revolved around the Monson principles. That type of case where there is the highest type of development of the jaw was used as a basis for demonstration. I could not quite get the clinic initially until he began to prepare the occlusal surface of quite a number of teeth, where the occlusion was doing an injury to the periodontal membrane, or where high points disarranged the entire occlusion—to relieve traumatic occlusion. He was getting his contact point and locating the high striking point with articulating paper and then relieving the cases indicated by his examination. He called attention to the fact that we give so little attention to what traumatic occlusion produces in the mouth.

Herbert A. Potts gave a clinic on diagnosis. I looked in for only a few minutes, but I know of his connection with the Northwestern University, and that he is recognized as a capable man.

The clinic of Ernest W. Browning, of Salt Lake City, Utah, was on the program as "Radiographic Technic." This clinician should not be confused with another radiodontist with a similar name from Denver, whom I expected to see. When I got into the clinic room I figured that I was going to get some

technic in order to improve my positions, etc., but there was no technic.

I don't know if he gave any technic in the remaining clinics that he conducted; however, during my stay, I felt very sorry for the clinician, and especially for the Program Committee.

There was evidently some slip-up on this clinic; after the talk by the clinician I thought I had the situation pretty well analyzed. The doctor has taken some work from an x-ray man named Mr. McCormick, out west, and was the advance agent for boosting an x-ray show.

There was no doubt in my mind that the Program Committee had never seen or heard this man talk or give a clinic before, or had any knowledge that this McCormick chap was to be the big feature, and that there was another avenue of "getting it over."

Browning was, no doubt, recommended to the Program Committee by a Chicago man who has done some of this technical work and had an axe to grind. There was a general spreading of salve for McCormick and the other individual located in Chicago. Well, when there was no technic forthcoming, and there was nothing unusual in the pictures and the clinician had to look around to locate the point that he wanted to emphasize in the x-ray films

loaned him by McCormick to be interpreted, I had them spotted before he ever located them. Special emphasis was placed upon cutting a film of small dimensions, for isolating the teeth, and radiographing them, protecting the film with a metal back. Some eighteen or twenty years ago I spent a week in Dr. Edmund Kell's office in New Orleans; he was making x-rays of individual teeth and the x-ray film was placed between two pieces of unvulcanized rubber, and made the prettiest adaptation to any particular area in the mouth that an operator desires to obtain. There was nothing new that I could see in the isolation of teeth, so far as the work was concerned; it was just average work. The clinician stepped down into every field of dentistry, and illustrated the importance of making x-rays, and told one story about the troupe, who stopped off on their way, giving lectures in various cities, and in the city of Omaha witnessed an operation done by one of the biggest oral surgeons there.

He didn't mention his name, but he said that he witnessed the removal of some cysts and granulomas; it was for the wife of a physician, and he was astounded when the operator finished, for he had overlooked in the x-rays a cyst in the location of the anterior teeth. The embarrassing position of the

operator he attributed to poor x-ray films.

Now no good oral surgeon, I hope, will start to operate on any case with a poor set of films.

Well, he worked hard trying to get over his talk, and the audience, as I noticed, were shifting around in their seats, and a great many of them were leaving. He began to tell about this wonderful McCormick fellow and what he had done for radiographs. I never heard personally a great deal about him—read some of his stuff in the Research Journal.

When Browning is through with his talk about McCormick, he asks him to the floor.

He gets up and tells about the wonderful work that Browning and another individual are doing in Chicago, and then McCormick states that all authorities on x-ray are wrong, and if they would just do the reverse to what they are doing they would be right.

Well, he told us all about himself and Dr. Browning, and how important the work was, but there was no information imparted.

I then returned to another clinic in which I was more interested, and later inquired from quite a number of those who were in the audience whom I knew personally, and I said, "Well, what did you get?" and they all seemed to have the same re-

sponse: "Not a thing, a meeting of slapping one another on the back, and telling one another how good they are."

I felt sorry for this chap Browning. He looks like he is a good fellow, but badly misled. He got so nervous during his talk, trying to get it over, that he had to pull off his coat. Now I have no doubt but what this man Browning will develop in time to be a very capable man, but he has to be broad enough to find out that there are men of note in the country who have been for a great many years doing some wonderful work and that they are not all wrong just because McCormick's work was published in the Research Journal some time ago. If McCormick were correct in all of his statements, there is no question but that these men would have adopted his technic. I inquired toward the end of the meeting from one of those in attendance at the clinic. I said, "Well, tell me frankly, what was the game?" and he said, "Well, I spoke to McCormick, and the latter said that if they got enough business together he would stay over and give them his work." "Well," I said, "that's the hook, is it, old chap? I thought I was on, but it took me a long time to get it." It kind of reminded me of the hypodermic fellow who gave you a lot of anatomy, while the story of the injection

could be demonstrated in about twenty minutes' time if you had any intelligence at all.

A. P. Gruen gave a very well-arranged clinic, using the Knapp method of wax elimination, and had an unusually good display of technic stuff. He had one of the largest castings that I have ever seen anywhere. It was in a large demonstrating model, and the size of it was astounding, as I had no idea that a casting of that size could be made with such accurate fit. He showed a very interesting articulator model with finished inlays, showing contact points and the protection of the interproximal space.

Those of you who have never used the dry powdered graphite, as he was using it by painting it on with a camel's hair brush upon the wax pattern, which gives your wax a smooth surface, bringing out all the defects in wax patterns, would have been interested. He gave special emphasis to this feature and showed a beautiful impression of a coin that would make him probably one of the best counterfeiters in the country—although it was not intended for that purpose. He deserves a great deal of credit for the splendid clinic.

The clinic by Burne O. Sippy on "Periodic Treatment of Malocclusion" cannot be covered, as it was im-

possible to be everywhere at one time at this magnificent meeting.

The clinic of Stanley B. Tylman was an interesting stereopticon lecture and clinic discussing the porcelain jacket crown and its modification. I had the pleasure of hearing Dr. Tylman give his clinic last year, and it was a very marked improvement over the presentation of his previous work, and the illustration of cases showed the diagnostic phases relative to the selection of cases where this type of a crown is indicated and contra indicated.

J. R. Blayney gave a clinic on root canal technic, and as I had taken in the work of Cooley I thought I had about enough of this phase of the work, although I understand from those in attendance at the clinic that it was well presented.

The clinic of William H. Logan was another one that I didn't see, although Bill is some oral surgeon and as Dean of the Chicago Dental College I understand he is making good. If he is as good a college executive as he was during the War, he is going to put over a big school.

A lecture by Arthur G. Loomis on "Human Nutrition" was well attended. A short time ago I read a very able paper from his pen. We are all getting pretty well fed up on this subject, and

since we have left focal infection we have been harping on this. I wish someone would take up the next important phase, say, why dentists get stoop-shouldered and have trouble with their feet.

Carroll W. Stuart gave a clinic on local anesthesia and, like Ralston Lewis' clinic, I had to pass this over.

The clinic by Thomas E. Rose on movable removal bridgework explained the theory of the work, its indications and applications, the principles to be observed in the preparation of an abutment, preserving vitality, paralleling of attachments, making of saddles and placing of bridges, and was shown, in steps, by 25 individual clinicians from Chicago, who went into a great many phases of this type of bridgework. The work was beautifully done, and each clinician displayed great interest in each step presented, showing an immense amount of enthusiasm — although some of the work was not done by the individual showing it, but was taken out of a sample case.

However, this was no reflection on the individual. Each clinic was of an educational character. Again my mind was disturbed after reviewing this beautiful work to find that one of the salesmen, or one party who is

particularly interested in the manufacturing of the attachments used in the construction of this work, was around, seeing that an audience was supplied for the clinicians, and knocking out for me all of the good things that the clinicians were attempting to demonstrate. The patenting of any attachment, device, etc., is against the code of ethics of the American Dental Association, is not approved by the American Medical Association, and should not be encouraged in any dental society. The usual alibi of how much money was spent in getting up the work — nobody asked anyone to do these things, and if they don't want to they don't have to spend their money. If they have anything of real merit that needs money, the Committee on Research of the American Dental Association will provide such necessary funds, provided sufficient proof is established that there is a necessity for the indicated research.

As the banquet was not set until 7 o'clock, we had from 4:30 to 6:30, allowing for time to get into our dinner jackets, to look over the manufacturers' exhibit, which was a bigger show than we had at the American Dental Association meeting at Cleveland.

(To be concluded)

Editorials

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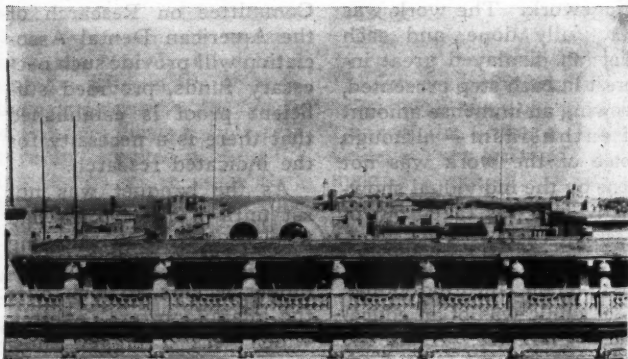
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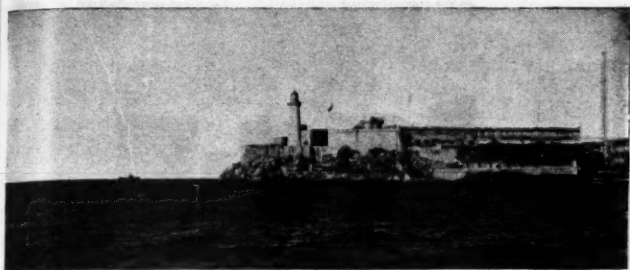
NE of the most beautiful cities in the world is just a little way from the coast of Florida.

While the blizzards sweep over the United States in early February the Gulf Stream gives to Cuba the climate that in winter is springtime and in summer is much less humid than many areas further north.

As you near the border of the deep blue Gulf Stream, sailing over a summer sea into the moonlit night, you suddenly discover on the horizon the far-



A sort of tropical Paris that Americans should know better.



The Dental Welfare Foundation might make use
of this lighthouse

flung lights of a great city. It looks as though the city were submerged and only the lights reached the surface of the ocean.

The rolling of the ship gives way to a smooth glide as you enter the mouth of the harbor and on your left is the clear cream-colored Moro Castle with its Maxfield Parrish lighthouse in the foreground.

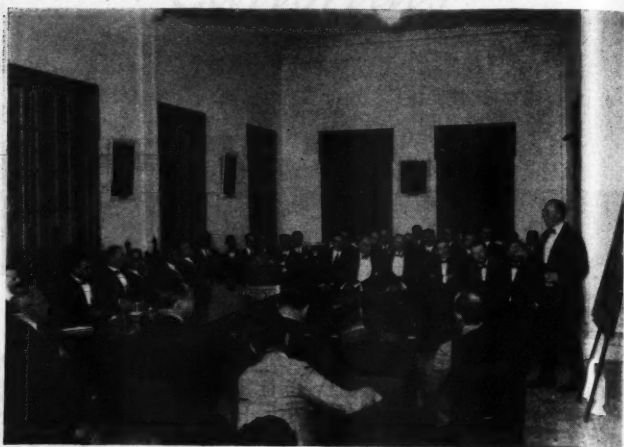
If the Dental Welfare Foundation could find some way of printing "Watch Your Teeth" on the beams of light, the old Castle would do more good in the future than it has done harm in the past.

The Odontological Society of Havana is a credit to a great city.

The dentists of Havana are the kind of men we want in dentistry. Well-educated, energetic, progressive, ethical, capable. Many of them speak as good English as we do and *far* better Spanish. Also, they know just as much dentistry as we do, so if you go to Havana to tell them anything about dentistry be sure you tell something that you could get by with at home.

The courtesy of Cubans to each other is remarkable. The citizens of that island republic have the big idea that so far as the welfare of the country is concerned they are all equally citizens regardless of ancestry.

There is no race feeling or prejudice — in public.



The Odontological Society of Havana is a most attentive audience.

So they all unite to treat every citizen with kindly consideration. Privately the Cubans do just as we do — they have their own circle of friends.

Fortunately for Cuba, the Republic is young. Like the United States they started out with freedom — *Cuba Libre*.

After they have had every kind of a politician from unsuccessful lawyer to lofty idealist, to say nothing of teapot domers legislating their liberties and their cash away from them for about one hundred and forty-eight years, they will probably find themselves in the same fix that we are in now.

One thing that the American, coming home from a foreign country, realizes is the adherence of our government to the statement of David that "all men are liars."

You must make a declaration of all your goods and then go through a customs' examination where your declaration is merely considered a proof that you are a bigger liar than anyone else except the other

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people who came over on the same boat. They may be right at that.

The Odontological Society of Havana is a most attentive audience and as an entertainment committee, they are in a class by themselves.

The dentists in Havana stand very high in the community. It is right that they should do so.

Senor Recio's dental depot in O'Reilly Street would be a credit to any large city in this country.

I wanted to know why a Spanish town would name one of their most important business streets "O'Reilly" and they told me that O'Reilly was the first Irishman to land there.

The Dental School, which is a department of the National University, is conducted very ably by its dean — Professor Dr. Marcelino Weiss. The school must soon move into larger quarters because the number of students is rapidly on the increase and the clinic is very large.



Reading from left to right: Mr. J. M. Morales, Jr., Dr. Fernando Valverde, Dr. Abelardo Jimenez, Mr. Arquimedes Recio, Mr. W. Linford Smith, Dr. Teodoro Miranda, Dr. Adolfo A. de Poo, Dr. Andres Weber, Dr. Rea Proctor McGee, Dr. Wine Right, Dr. Marcelino Weiss, Dr. Rafael Biada, Dr. Blas Rocafort, Dr. Ramon Moller, Dr. Paul N. Montero, Dr. Rafael Reineke, Dr. Ulises Odio, Dr. Miquel E. Bestard.

Dr. Weiss and his faculty are doing the work of pioneers in dental education. Their course is well-balanced and their students are intelligent, industrious and earnest.

Havana is a beautiful, clean, healthful, pleasant city. They don't have much liquor there; most of it is shipped to the United States.

They do have a pleasant climate and radio and races and grand opera and artistic buildings and monuments — a sort of tropical Paris that Americans should know better.



The Navy

IN the National House of Representatives, Mr. Andrew has introduced a bill known as H.R. 4444 to provide for the equalization and promotion of the Staff Corps of the Navy with officers of the line.

This will provide the ranks of Rear Admiral, Captain and Commander in the service of dental surgeon and chaplain. Already the dental corps of the Navy is very much in need of officers of sufficient rank to indicate the importance of the work of the Dental Corps.

The head of the Dental Corps of the United States Navy should hold the grade of Rear Admiral.

This bill, which is in the interest of all of the Staff Corps of the Navy, will give dentistry the same recognition that the Medical Corps now has.

The bill has the approval of the Navy Department.

The passage of this act will mark another advance in official recognition of the importance of dentistry.

Write your congressmen and senators today and ask their support for this measure.

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International Oral Hygiene

Translated and Briefed by C. W. BARTON, Fort Wayne, Ind.

CANADA

Revue Dentaire Canadienne for December, 1923, was a special issue devoted to dental surgery in the industries; a copy has been sent to many of the more important industrial establishments in the Dominion. The editors of this journal aim at the demonstration of the necessity for dental service in factories, and they are willing to co-operate with the industrialists in organizing an adequate service. The results obtained by a number of American establishments are given as evidence of the ultimate benefit of such an industrial dental service for all the parties concerned.

From the Dental Hygiene Programme of Canada, reported by Dr. Wallace Seccombe in January *Oral Health*, we learn that Toronto, with a population of 541,000, has 33 dental officers, and school dentists have also been appointed throughout the Dominion. The Province of Ontario has passed an order in Council providing for the appointment of a director of dental services, who will be attached to the Department of Health.

Preschool-age dental clinics have had the result of sending children to school with 90 per cent healthy mouths, while in the past they entered school 75 per cent dentally unhealthy.

Last year Ontario dentists spent \$2,000 in buying space in the more important daily papers throughout the Province, for the publication of a series of bulletins on oral hygiene.

The Canadian Red Cross supplies dentists with circulars on teeth and health for free distribu-

tion among their patients or among school children.

URUGUAY.

• Jose Sanna publishes, in *Revista Dental* of Montevideo, a few considerations about the importance of the six-year molar for the special benefit of the students attending the children's clinic. Nearly all the children examined in this institution show badly broken-down six-year molars. All the causes for the loss of this most important tooth are preventable; the hardest proposition to overcome, however, will be prejudice and ignorance of the parents.

ARGENTINE.

Oral hygiene has been made the first item in the list of thirteen for the examination of dentists qualifying as dental officers at the hospitals directed by the municipality of Buenos Aires.

CUBA.

An editorial in *Cuba Odontologica*, under the title of "Mouth Hygiene Campaign," urges the Director of Public Health to initiate a campaign for the supply of pure milk at low prices, and for pure foods and rational feeding of infants. The article is followed by copious reproductions of some of the posters used in the United States for this purpose, and seems inspired by what Dr. Marcelino Weiss saw and heard at the Cleveland meeting last year.

GREAT BRITAIN.

State dentists, says *The Mouth Mirror*, are recommended by the

Trades Union Congress and Labor Party Advisory Committee on Public Health, which declare, according to the *Daily Mail*:

"The dental profession should be regarded as one of the outposts of preventive medicine, and as such encouraged and assisted by the State. At present dental service is given in connection with only 232 out of nearly 2,000 maternity and child welfare centers in England and Wales. This service for the mothers mostly consists of the extraction of septic teeth and roots, while the children are advised on the benefit of teeth cleansing. Dental disease arises very largely from ignorance of certain easily observed rules in the selection of food and in the methods of eating it, combined with the neglect to clean the mouth and teeth."

The Medical Officer, cited in the *Dental Magazine* for December, 1923, speaking of the dental needs of the people, says that it is slowly but surely being recognized that dentistry, meaning conservative dentistry, is an important branch of preventive medicine. A heavy responsibility rests upon those who wilfully handicap the starters, and one of the greatest handicaps is the possession of unsound teeth.

During 1922 there were over 13,000 attendance at the 20 treatment centers in the metropolitan area.

FRANCE.

Dr. Colette Millon, in *La Vie Medicale*, recommends that her confreres of the medical profession pay sufficient attention to oral sepsis as a possible cause of systemic disease, in spite of certain exaggerations in this respect which have sprung up in America. The best thing to do is to prevent oral sepsis by preserving all teeth in a live state, by never allowing a tooth to decay, or at least caries to become penetrating.

La Semaine Dentaire (No. 45) reports of an educational bulletin distributed by the Children's Hospital in Marseilles to the parents

of the little patients. In this leaflet dentition, diseases of the teeth and their causes, hygiene, and prophylaxis, as well as recommendations for regular dental examinations, are set out as clearly as it is possible in very limited space."

SPAIN.

In the second year of its publication the *Anuario Dental* for 1923 (Madrid, calle de Galileo, numero 5) brings, among a good deal of interesting information about the dental profession of Spain and Latin-America and scientific reading matter, the first instalment of "A Guide to Dental and Oral Hygiene," written by Dr. Juan de Otaola in an admirably concise manner. Particular stress is laid on the relation between the nature of food and the condition of the oral tissues: the more refined the mode of living, the more *raison d'être* for the most painstaking hygiene and prophylaxis.

HOLLAND.

In *Tijdschrift Voor Tandheelkunde*, J. S. Bruske, comparing the extent of dental service rendered by three of the most important mutual benevolent funds of Amsterdam with that of a large Berlin (Germany) concern, finds that the latter institution affords its members about 700 per cent more conservative treatment than the three Amsterdam foundations together, where from 2.27 to 5.77 per cent conservative treatment is the best result obtained, against 28.97 per cent in Berlin. Bruske's study of conditions and possibilities leads him, however, to the conclusion that the best way to a generalization of oral hygiene in Holland leads, nevertheless, through these mutual benevolent funds, in conjunction with adequate dental prophylaxis and education in the schools.

In view of Bruske's findings, the action by the Council of the community of Dordrecht to discontinue the school dental service, and the protests and petitions for a reversal

of this step by official dental associations and individual members of the profession appear even more justified than they are *prima facie*.

Ferguson's little picture book on oral hygiene for the children has been translated into the Dutch language and has found a very favorable reception with the profession in Holland.

NORWAY.

There are at present 598 dentists practicing in Norway, says *Den Norske Tandlaegeforenings Tidende* for December, 1923. This means an increase of 84 over the preceding year.

In the same issue of this journal the township of Hyanger (1,500 inhabitants) offers a waiting room, an office and a laboratory, with heat and electric light, to the dentist who would consent to examine the teeth of the school children and carry out the necessary treatment at the usual rates of payment. The service would extend over the whole community of Kyrkjeb, which counts 2,500 inhabitants.

EGYPT.

In Egypt, up to 1922, oral hygiene in its most elementary outlines seems to have been conspicuous by its absence. In the two official *Reports of the Office of Public Hygiene* in the municipality of Alexandria, for the periods of 1919-20 and 1920-21, respectively, no mention whatsoever is made of any kind of public dental service in that city, nor are any statistics given about dental examinations or an effort at propaganda for oral hygiene. With a total population of 445,700, the city supplied to the Lady Cromer Dispensary for Children alone the imposing number of 80,633 consultations in 1920, as against 63,964 in 1919. The number of patients has increased from 9,500 in 1914 to over 24,000 in 1920. One cannot help thinking that the Office of Public Hygiene has missed a wonderful chance of doing a great deal of good not only to this great number of children, but to the community in general.

Dr. McGee Addresses Women's Club Group

Dr. Rea Proctor McGee, of Pittsburgh, editor of ORAL HYGIENE, addressed the child welfare department of the Woman's Club in the club auditorium yesterday," says the Miami (Fla.) *Herald* of February 7th, which continues:

"Dr. McGee divided the work of school hygiene into three groups: health supervision, which is the care of the physical well-being of the child; instruction in hygiene, which is the education of the child in health matters, and school sanitation.

"Dr. McGee said that four classes of specially trained people are necessary—a physician, nurse, a dentist and the dental hygienist—to carry on the work. He said the school nurse is called upon for a variety of duties, such as assisting the doctor, visiting homes, visiting schools and making examinations for infectious diseases and for instructing the children in hygiene. The work of the dentist includes: Dental examination; operative work—prophylaxis, extraction and filling of teeth. The dental hygienist is to the dentist what the nurse is to the physician. She works with the children, sees the parents, keeps a record of them, cleans teeth, cares for instruments, and in many ways makes herself indispensable.

"Outlining ways to get funds for the work, he spoke of the community chest—which may or may not be good, depending upon its management; charities already established in the community may be adequate, but ways are being found in all progressive communities for this work, and it will be eventually copied universally."

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

SOUSE: "Lo you! How're you?"

JAGG: "Don't know you 'tall."

SOUSE: "Yesh, you do sho."

JAGG: "Don't. Never shaw you b'fore."

SOUSE: "Did too. 'Member we met in Sh'cago?"

JAGG: "No, don't. Never bin in Sh'cago."

SOUSE: "Neisher was I."

JAGG: "Wunner who in hell them two guys who met in Sh'cago was, anyways."

◆ ◆ ◆

HE: "Tough luck! Ten miles from town with a blowout and no jack."

SHE: "Didn't you bring your check book?"

◆ ◆ ◆

LADY: "We saw the advertisement about this house being for sale and we've come to see it."

OWNER: "Yes, madam; but after reading the ad writer's description of it we have decided not to sell."

◆ ◆ ◆

My Bonnie once hired a new chauffeur,

A handsome young devil was he;
He flirted while driving one evening,

Oh, bring back my Bonnie to me.

◆ ◆ ◆

PATIENT: "Twenty dollars to have two teeth pulled? Great Scott! I usually pay about ten."

DENTIST: "Yes, but you yelled so much that the patients in the waiting room all left."

MRS. JONES: "Well, Sarah, where have you been for the last two days? Have you been sick?"

SARAH: "Ah guess ah has. De doctah he calls it a attack of 'cute indiscretion."

◆ ◆ ◆

NEIGHBOR: "I've some pickled peaches in my car outside."

HUBBY: "Sh-h, my wife's in the next room."

◆ ◆ ◆

"Doan' yuh start no fight with me, black man. Ah's been decorated in de War."

"Mebbe yuh wuz, nigger, but in mah opinion, it's time yuh got re-decorated."

◆ ◆ ◆

"They call that girl Spearmint."

"Why; is she Wrigley?"

"No, but she's always after meals."

◆ ◆ ◆

MOSES (in a bunker): "This is a hell of a fix. How am I going to get out of here?"

ST. PETER: "Now, none of your darn miracles—play straight golf."

◆ ◆ ◆

MOTHER: "Does Tom ever tell you any questionable stories?"

DAUGHTER: "Oh, no, mother. I understand them all right."

◆ ◆ ◆

DENTIST (very busy): "Take the message and I will get it 'from you later."

ASSISTANT: "Your little girl wants to kiss you."